

**Declaration and Authorization  
for Background Information**

I hereby certify that I have no history of involvement in, nor have I been convicted of child or consumer (client) abuse or mistreatment, nor have I been convicted of any misdemeanor or felony. I further certify that all of the information that I provide in the preceding "Background Declaration" is accurate and truthful. I understand as a result of the need to secure consumer safety, State Council on Developmental Disabilities (SCDD) and/or its agent, may undertake a background investigation on me. I authorize this investigation by my signature below.

I also understand that engagement as a contract Interviewer is contingent upon an acceptable finding in any background investigation.

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

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To Be Completed by Regional Office

Copy of Driver's License: \_\_\_\_\_  
(Number) (Date of Expiration)

Evidence of Auto Insurance: \_\_\_\_\_  
(Coverage: PL/PD/Med) (Company)  
(Attach copy of completed and signed STD. 261)

Background Check: \_\_\_\_\_  
(Completed By) (Date)

Emergency Contact and Telephone #: \_\_\_\_\_